

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			
TRANSCRIPT ORDER					
<i>Please Read Instructions:</i>					
1. NAME John Scott		2. PHONE NUMBER (512) 475-0131		3. DATE 12/5/2013	
4. MAILING ADDRESS P.O. Box 12548		5. CITY Austin		6. STATE Texas	7. ZIP CODE 78711
8. CASE NUMBER 2:13CV193 (NGR)		9. JUDGE Nelva Gonzales Ramos		DATES OF PROCEEDINGS	
				10. FROM 11/22/2013	11. TO 11/22/2013
12. CASE NAME Marc Veasey, et al. v. Rick Perry, et al.		LOCATION OF PROCEEDINGS			
		13. CITY Corpus Christi		14. STATE Texas	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
DATE(S)		DATE(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Hearing	
<input type="checkbox"/> BAIL HEARING				11-22-2013	
17. ORDER					
CATEGORY	ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small>	FIRST COPY	ADDITIONAL COPIES		
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.)					
By signing below, I certify that I will pay all charges (deposit plus additional).					
18. SIGNATURE					
19. DATE 12/5/2013					